

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10829016**
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3		2		2		
4		2		2		
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13						
14						
15						
16		2		2		
17		2		2		
18		1		1		
19	1		1			
20		1		1		
21		2		2		
22		2		2		
23	1		1			
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49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	24		26			
TOTAL CLAIMS	27		29			

23
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27
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	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						